

Director's Signature: CB5

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048 - Boston Drug Lab

Week Ending: June 5, 2010

Folk_OIG_PRR_002843

Employee Name:		Sunday 05/30/10	Monday 05/31/10	Tuesday 06/01/10	Wednesday 06/02/10	Thursday 06/03/10	Friday 06/04/10	Saturday 06/05/10	
Corbett, Kate 45161000 <i>Kate Corbett</i>	Day: In - Out			7:00 3:00	6:50 1:20	11:00 2:00	11:00 2:00		
	Lunch: Out - In			12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30		
Employee Signature	Outside Duty: From - To								
Document exceptions or comments, indicate type and amount.		HLN 7.5		112 hrs Comptime ✓					
Dookhan, Annie 45161000 <i>Annie Dookhan</i>	Day: In - Out		6:45 12:00	6:45 4:15	6:45 4:15	6:45 1:00	6:45 4:20		
	Lunch: Out - In			12:00 12:30	12:00 12:30		12:00 12:30		
Employee Signature	Outside Duty: From - To								
Document exceptions or comments, indicate type and amount.		HLN 7.5		OT 1.5		OT 1.5		Personal 1.5 hrs	
Feiden, Stacey 8100-9745 <i>Stacey Feiden</i>	Day: In - Out			11:00 6:00	8:00 5:30	8:25 4:25	8:15 4:15		
	Lunch: Out - In			12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30		
Employee Signature	Outside Duty: From - To								
Document exceptions or comments, indicate type and amount.		HLN 7.5		SIC 1.0		OT 1.5			
Frasca, Daniela 45161000 <i>Daniela Frasca</i>	Day: In - Out			6:45 2:45	7:30 3:30	6:45 2:45			
	Lunch: Out - In			1:00 1:30	1:05 1:35	1:15 1:45			
Employee Signature	Outside Duty: From - To								
Document exceptions or comments, indicate type and amount.		HLN 7.5				SIC 7.5 ✓			

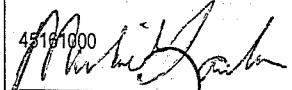
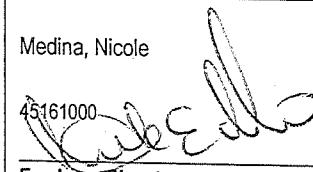
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Folk_OIG_PRR_002844

Employee Name:		Sunday 05/30/10	Monday 05/31/10	Tuesday 06/01/10	Wednesday 06/02/10	Thursday 06/03/10	Friday 06/04/10	Saturday 06/05/10
Glazer, Lisa 45161000  Employee Signature	Day: In - Out			6:45 4:55	6:45 2:45	6:45 2:45	6:45 4:55	
	Lunch: Out - In			12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			HLN 7.5	1.5 hr OT ✓		1.5 hr OT ✓	1.5 hr OT ✓	
Lawler, Michael 45161000  Employee Signature	Day: In - Out			8:00 5:15	8:15 5:15	8:00 5:30	7:50 6:05	7:20 5:55
	Lunch: Out - In			1:45 2:45	1:00 1:30	1:230 1:00	1:05 1:20	1:00 1:30
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			HLN 7.5	1.25 OT ✓	1.0 OT ✓	1.5 OT ✓	1.0 OT ✓	10.0 OT ✓
Medina, Nicole 45161000  Employee Signature	Day: In - Out			7:55 3:55	7:35 3:35	7:45 3:45	8:30 3:30	
	Lunch: Out - In			12 2:30	12 12:30	12 12:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			HLN 7.5				1.5 hrs. SICK	
O'Brien, Elisabeth 45161000  Employee Signature	Day: In - Out			7:55 1:55	7:45 5:15	7:35 2:35	7:30 2:00	
	Lunch: Out - In			—	11:30 12:00	12:00 12:00	11:30 12:00	
	Outside Duty: From - To						11:15 12:00	
Document exceptions or comments, indicate type and amount.			HLN 7.5 VAC 1.5	CIT 0.5		DCU	CMT 0.5 ✓	

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Employee Name:		Sunday 05/30/10	Monday 05/31/10	Tuesday 06/01/10	Wednesday 06/02/10	Thursday 06/03/10	Friday 06/04/10	Saturday 06/05/10
Philips, Gloria 45161000	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Employee Signature <i>Gloria</i>								
Document exceptions or comments, indicate type and amount.			HLN 7.5	CMT 7.5 hr	CMT 7.5	CMT 7.5	CMT 7.5	
Piro, Peter 45161000	Day: In - Out				800 630	745 615	645 615	645 520
	Lunch: Out - In				12 1230	12 - 1230	12 1230	12 1230
	Outside Duty: From - To							
Employee Signature <i>Peter</i>								
Document exceptions or comments, indicate type and amount.			HLN 7.5	VAC 7.5	OT 2.5 ✓	OT 2.5 ✓	OT 3.5 ✓	OT 10.0 ✓
Renczkowski, Daniel 45161000	Day: In - Out			645 445 6:45 445	645 445 6:45 445	645 445 6:45 445	645 445 6:45 445	645 245
	Lunch: Out - In			1200 1230	1200 1230	1200 1230	1200 1230	1200 1230
	Outside Duty: From - To					1115 1200		
Employee Signature <i>Dan Renczkowski</i>								
Document exceptions or comments, indicate type and amount.			HLN 7.5	OT 2.0hr ✓	OT 2 hrs ✓	OT 2 hrs ✓	OT 2 hrs ✓	OT 7.5 hrs ✓
Saunders, Della 45161000	Day: In - Out		6:45 1200	6:45 4:45 6:45 5:45	6:45 4:45 6:45 5:45	6:45 4:45 6:45 5:45	6:45 4:45 6:45 5:45	
	Lunch: Out - In			1:30 2:00	1:30 2:00	1:30 2:00	1:30 2:00	
	Outside Duty: From - To							
Employee Signature <i>Della Saunders</i>								
Document exceptions or comments, indicate type and amount.			HLN 7.5	OT 2.0hr	OT 3.0hr	OT 3.0hr	VAC 5.5 ✓	

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William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 6/5/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant backlog of samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: Halena

Date: 6/2/10

Department Head: Geanne Kain

Date: 6/2/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lawlor	130459	10.0 hrs			
Peter Preo	1381624	10.0 hrs			
David Penczakowski	297673	7.5 hrs			
Zhi Tan	148724	9.5 hrs			